

AMENDMENT TRANSMITTAL LETTER				Docket No. 0446-0188PUS1																																											
Application No. 10/587,653 - Conf. #2764	Filing Date July 28, 2006	Examiner G. MESH	Art Unit 1763																																												
Applicant(s): Christopher Henry SUCH et al.																																															
Invention: INITIATING SYSTEM FOR SOLID POLYESTER GRANULE MANUFACTURE																																															
<p>Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-145</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Claims Remaining After Amendment</th> <th style="width: 10%;">Highest Number Previously Paid</th> <th style="width: 10%;">Number Extra Claims Present</th> <th style="width: 10%;">Rate</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">45</td> <td style="text-align: center;">- 48 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">5</td> <td style="text-align: center;">- 6 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity </p> <p> <input type="checkbox"/> No additional fee is required for this amendment. </p> <p> <input type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ _____. A duplicate copy of this sheet is enclosed. </p> <p> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. </p> <p style="margin-left: 40px;"> <input checked="" type="checkbox"/> Credit any overpayment. </p> <p style="margin-left: 40px;"> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p style="text-align: center;"> MaryAnne Armstrong, PhD Attorney Reg. No.: 40069 </p> <p> BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road, Suite 100 East P.O. Box 747 Falls Church, VA 22040-0747 United States 703-205-8000 </p> </div> <div style="width: 35%; text-align: right;"> Dated: <u>May 17, 2011</u> </div> </div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	45	- 48 =	0	x	0.00	Independent Claims	5	- 6 =	0	x	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					0.00	Other fee (please specify):					0.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
CLAIMS AS AMENDED																																															
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																											
Total Claims	45	- 48 =	0	x	0.00																																										
Independent Claims	5	- 6 =	0	x	0.00																																										
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					0.00																																										
Other fee (please specify):					0.00																																										
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00																																										